

Application Data Sheet

Application Information

| | |
|----------------------------------|---|
| Application Type:: | Regular |
| Subject Matter:: | Utility |
| Suggested Group Art Unit:: | 2876 |
| Suggested Classification: | 235/379 |
| Title:: | CASH DISPENSING AUTOMATED BANKING MACHINE DEPOSIT ACCEPTING SYSTEM AND METHOD |
| Attorney Docket Number:: | D-1218 R4 |
| Request for Early Publication?:: | No |
| Request for Non-Publication?:: | No |
| Suggested Drawing Figure:: | 70 |
| Total Drawing Sheets:: | 68 |
| Small Entity:: | No |
| Petition included?:: | No |
| Secrecy Order in Parent Appl.?:: | No |

Applicant Information

Inventor Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: R.
Middle Name:: Matthew
Family Name:: Dunlap
Name Suffix::
City of Residence:: North Canton
State or Province Of Residence:: OH
Country of Residence:: US
Street of mailing address:: 1319 Elmwood Avenue SW
City of mailing address:: North Canton
State or Province of mailing address:: OH
Country of mailing address:: US
Postal or Zip Code of mailing address:: 44720

Applicant Information

Inventor Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Jeffery
Middle Name:: M.
Family Name:: Enright
Name Suffix::
City of Residence:: Akron
State or Province Of Residence:: OH
Country of Residence:: US
Street of mailing address:: 4496 Rex Lake Drive
City of mailing address:: Akron
State or Province of mailing address:: OH
Country of mailing address:: US
Postal or Zip Code of mailing address:: 44319

Applicant Information

Inventor Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Jeffrey
Middle Name::
Family Name:: Eastman
Name Suffix::
City of Residence:: North Canton
State or Province Of Residence:: OH
Country of Residence:: US
Street of mailing address:: 2152 Mohler Drive NW
City of mailing address:: North Canton
State or Province of mailing address:: OH
Country of mailing address:: US
Postal or Zip Code of mailing address:: 44720

Applicant Information

Inventor Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Franklin
Middle Name:: M.
Family Name:: Theriault
Name Suffix::
City of Residence:: Canton
State or Province Of Residence:: OH
Country of Residence:: US
Street of mailing address:: 4503 Northview Avenue NW
City of mailing address:: Canton
State or Province of mailing address:: OH
Country of mailing address:: US
Postal or Zip Code of mailing address:: 44709

Applicant Information

Inventor Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: William
Middle Name:: D.
Family Name:: Beskitt
Name Suffix::
City of Residence:: Canton
State or Province Of Residence:: OH
Country of Residence:: US
Street of mailing address:: 4817 Meadowlane Drive
City of mailing address:: Canton
State or Province of mailing address:: OH
Country of mailing address:: US
Postal or Zip Code of mailing address:: 44709

Applicant Information

Inventor Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Sean
Middle Name::
Family Name:: Haney
Name Suffix::
City of Residence:: North Canton
State or Province Of Residence:: OH
Country of Residence:: US
Street of mailing address:: 5426 Chianti Street NW
City of mailing address:: North Canton
State or Province of mailing address:: OH
Country of mailing address:: US
Postal or Zip Code of mailing address:: 44720

Applicant Information

Inventor Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Colin
Middle Name::
Family Name:: Fitzpatrick
Name Suffix::
City of Residence:: Smithville
State or Province Of Residence:: OH
Country of Residence:: US
Street of mailing address:: 389 N. Summit St.
City of mailing address:: Smithville
State or Province of mailing address:: OH
Country of mailing address:: US
Postal or Zip Code of mailing address:: 44677

Applicant Information

Inventor Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Edward
Middle Name:: L.
Family Name:: Laskowski
Name Suffix::
City of Residence:: Seven Hills
State or Province Of Residence:: OH
Country of Residence:: US
Street of mailing address:: 6154 Winchester Drive
City of mailing address:: Seven Hills
State or Province of mailing address:: OH
Country of mailing address:: US
Postal or Zip Code of mailing address:: 44131

Applicant Information

Inventor Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Mike
Middle Name::
Family Name:: Ryan
Name Suffix::
City of Residence:: Canton
State or Province Of Residence:: OH
Country of Residence:: US
Street of mailing address:: 1403 44th Street NE
City of mailing address:: Canton
State or Province of mailing address:: OH
Country of mailing address:: US
Postal or Zip Code of mailing address:: 44714

Applicant Information

Inventor Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Bill
Middle Name::
Family Name:: Lavelle
Name Suffix::
City of Residence:: Massillon
State or Province Of Residence:: OH
Country of Residence:: US
Street of mailing address:: 3255 Broadhaven Avenue NW
City of mailing address:: Massillon
State or Province of mailing address:: OH
Country of mailing address:: US
Postal or Zip Code of mailing address:: 44646

Applicant Information

Inventor Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: David
Middle Name::
Family Name:: Schultz
Name Suffix::
City of Residence:: Massillon
State or Province Of Residence:: OH
Country of Residence:: US
Street of mailing address:: 7453 Quail Hollow NW, Apartment B16
City of mailing address:: Massillon
State or Province of mailing address:: OH
Country of mailing address:: US
Postal or Zip Code of mailing address:: 44646

Inventor Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Matthew
Middle Name::
Family Name:: Force
Name Suffix::
City of Residence:: Uniontown
State or Prov. Of Residence:: OH
Country of Residence:: US
Street of mailing address:: 2624 Country Squire
City of mailing address:: Uniontown
State or Province of mailing address:: OH
Country of mailing address:: US
Postal or Zip Code of mailing address:: 44685

Correspondence Information

Correspondence Customer Number:: 28995

Representative Information

| | |
|----------------------------------|-------|
| Representative Customer Number:: | 28995 |
|----------------------------------|-------|

Domestic Priority Information

| Application:: | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
|------------------|---|----------------------|----------------------|
| This Application | An application claiming the benefit under 35 USC 119(e) | 60/453,397 | 03/10/2003 |

Assignee Information

Assignee Name:: Diebold Self-Service Systems
Division of Diebold, Incorporated

City of mailing address:: North Canton

State or Province of mailing address:: OH